

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586062

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	3					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17						
18						
19						
20						
21						
22		2				
23		1				
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33						
34						
35						
36						
37						
38		1				
39	1					
40		1				
41		2				
42		1				
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	48	↔	↔	↔	↔	
TOTAL CLAIMS	51	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↔	
TOTAL DEP.					↔	
TOTAL CLAIMS					↔	